

Dr. Meyer

Registration District No. 213

Primary Registration District No. 5293

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Cole
(b) City or town R.F.D.#4 Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George M. Popp 100

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Amelia Popp 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased January 29 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 28 hr. min.

9. Birthplace Osage Bluff, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George Popp
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Geo M Popp

(b) Address R.F.D.#4, Jefferson City, Mo

17. (a) Burial (b) Date thereof Mar-29-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honey Creek Cemetery

18. (a) Signature of funeral director Thos J Gordo

(b) Address Jefferson City, Missouri

19. (a) 3/29/40 (b) W. B. Bedford M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. RR#4
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 27
Year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Mar 20
1940 to Mar 27, 1940
that I last saw him alive on March 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple regurgitation
Due to age
Due to Locomotor ataxia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature L. A. T. Meyer (M. D. or other)

Address Jefferson City Mo Date signed 3/29/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.